



## Plumbing Permit Application

City of Beaverton Community Development  
PO Box 4755, Beaverton, OR 97076  
Phone: (503) 526-2403; Fax: (503) 526-2550  
Internet address: [www.beavertonoregon.gov](http://www.beavertonoregon.gov)

### OFFICE USE ONLY

Date Received:	Permit No.:
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	Plumbing. lic.:
CCB lic.:	City or metro lic. no.:

Authorized signature: \_\_\_\_\_

Print name:	Date:
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FEE SCHEDULE			
<i>For special information, use checklist.</i>			
Description	Qty.	Ea.	Total
<b>New 1- 2-family dwellings</b> (includes 100 ft. for each utility connection)			
SFR (1) bath		266.20	
SFR (2) bath		306.13	
SFR (3) bath		346.06	
Each additional bath/kitchen		31.96	
Fire sprinkler (_____ sq ft.)		*	
<b>Site utilities</b>			
Catch basin/ area drain/manhole		13.86	
Drywell, leach line, or trench drain		13.86	
Footing drain (no. linear ft.: _____)		*	
Manufactured home utilities		13.86	
Rain drain connector		13.86	
Sanitary sewer (no. linear ft.: _____)		*	
Storm sewer (no. linear ft.: _____)		*	
Water service (no. linear ft.: _____)		*	
<b>Fixture or item</b>			
Absorption valve (water hammer)		13.86	
Backflow preventer		29.81	
Backwater valve		13.86	
Clothes washer		13.86	
Dishwasher		13.86	
Drinking fountain		13.86	
Ejectors/sump		13.86	
Fixture/sewer cap		13.86	
Floor drain/floor sink/hub/ primer		13.86	
Garbage disposal		13.86	
Hose bib		13.86	
Ice maker		13.86	
Interceptor/grease trap		13.86	
Medical gas (value: \$ _____)		*	
Roof drain (commercial)		13.86	
Sink/basin/lavatory		13.86	
Tub/shower/shower pan		13.86	
Urinal		13.86	
Water closet		13.86	
Water heater/expansion tank		13.86	
Water meter pvt		13.86	
1&2 family dwelling re-pipe		99.00	
Multi-family/commercial re-pipe (first 20 fixtures)		99.00	
Multi-family/commercial re-pipe ea. fixture over 20		6.60	
Other:		13.86	
<b>Subtotal</b>			
Minimum permit fee			66.00
Plan review ( 25% of permit fee)			
State surcharge (12% of permit fee)			
<b>TOTAL PERMIT FEE</b>			

**This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.**

\* See Fee Schedule